

A photograph of two children, a boy and a girl, walking away from the camera on a paved sidewalk. The boy is on the left, wearing a light-colored shirt and khaki pants, carrying a backpack. The girl is on the right, wearing a light-colored dress and pink shoes, also carrying a backpack. They are holding hands. In the background, there is a street with parked cars, including a white van, and some buildings.

# **Collaborating for a Healthier King County**

**A Path Forward for Accountable Community of Health  
Design in King County, Washington**

**February 2015**



# What this briefing covers

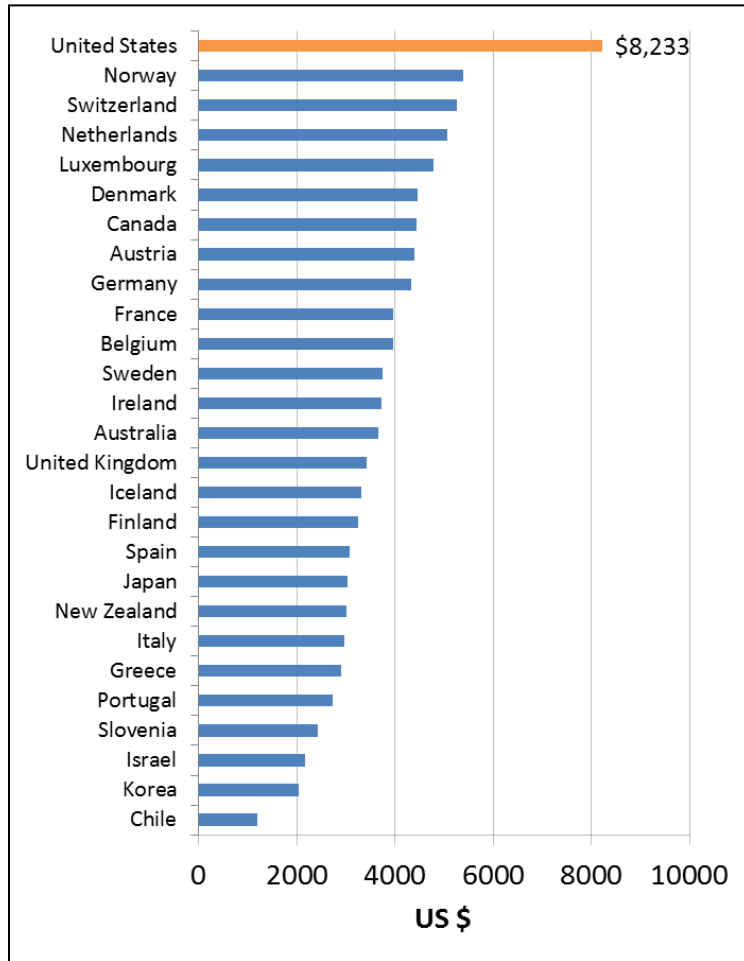
1. Why is a new level of collaboration needed?
2. What is an Accountable Community of Health (ACH) and what value will it add?
3. How is ACH development being approached statewide and in King County?
4. How can I stay informed or get involved?

**Why is a new level of  
collaboration needed?**

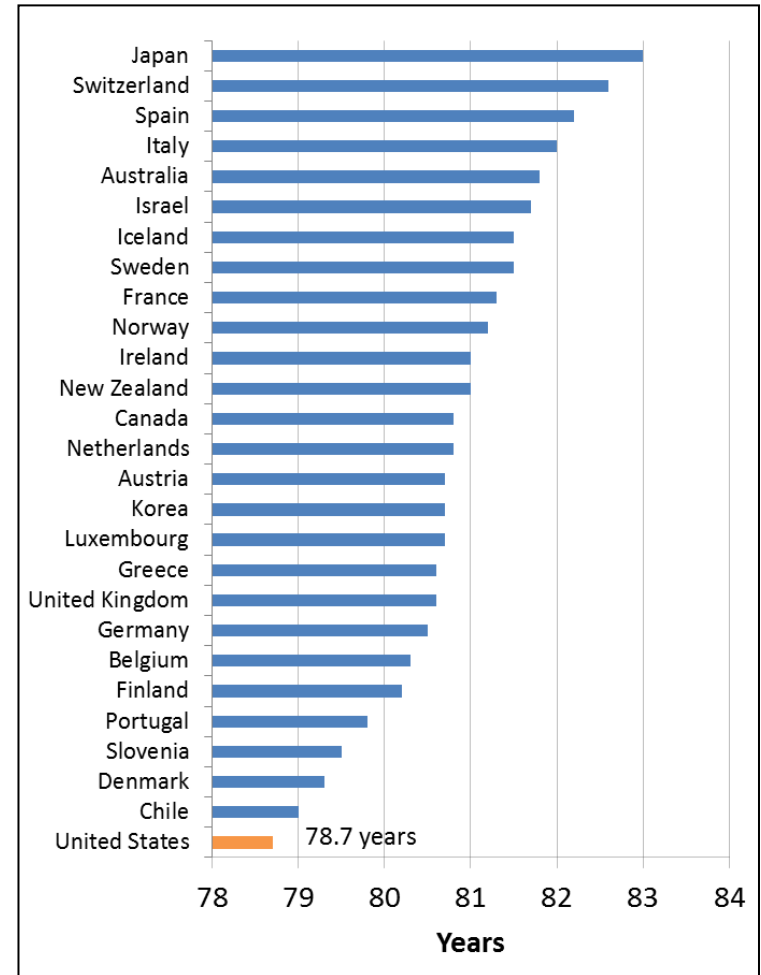
**1**

# We are doing something wrong

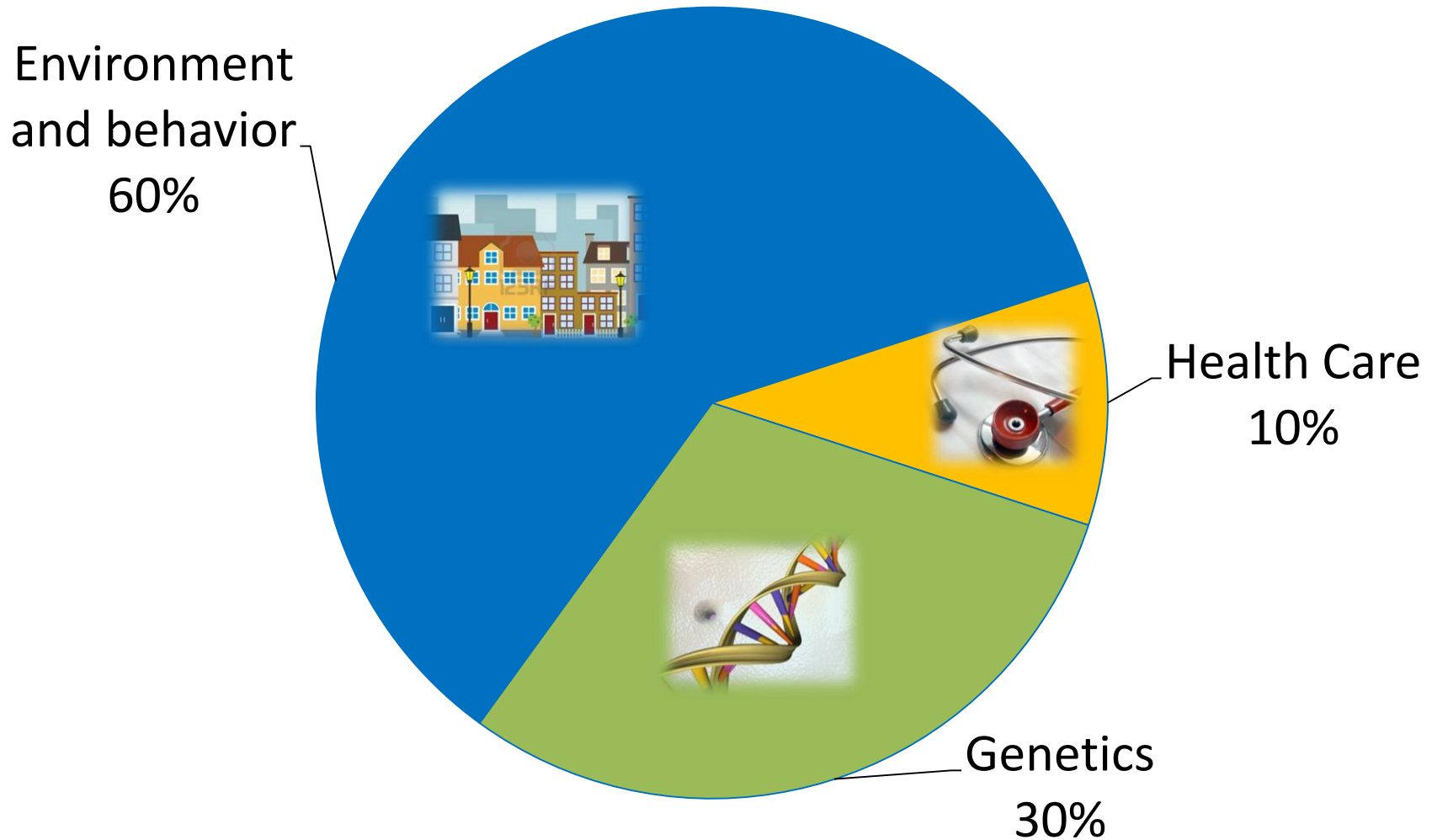
## Spending on Health Care



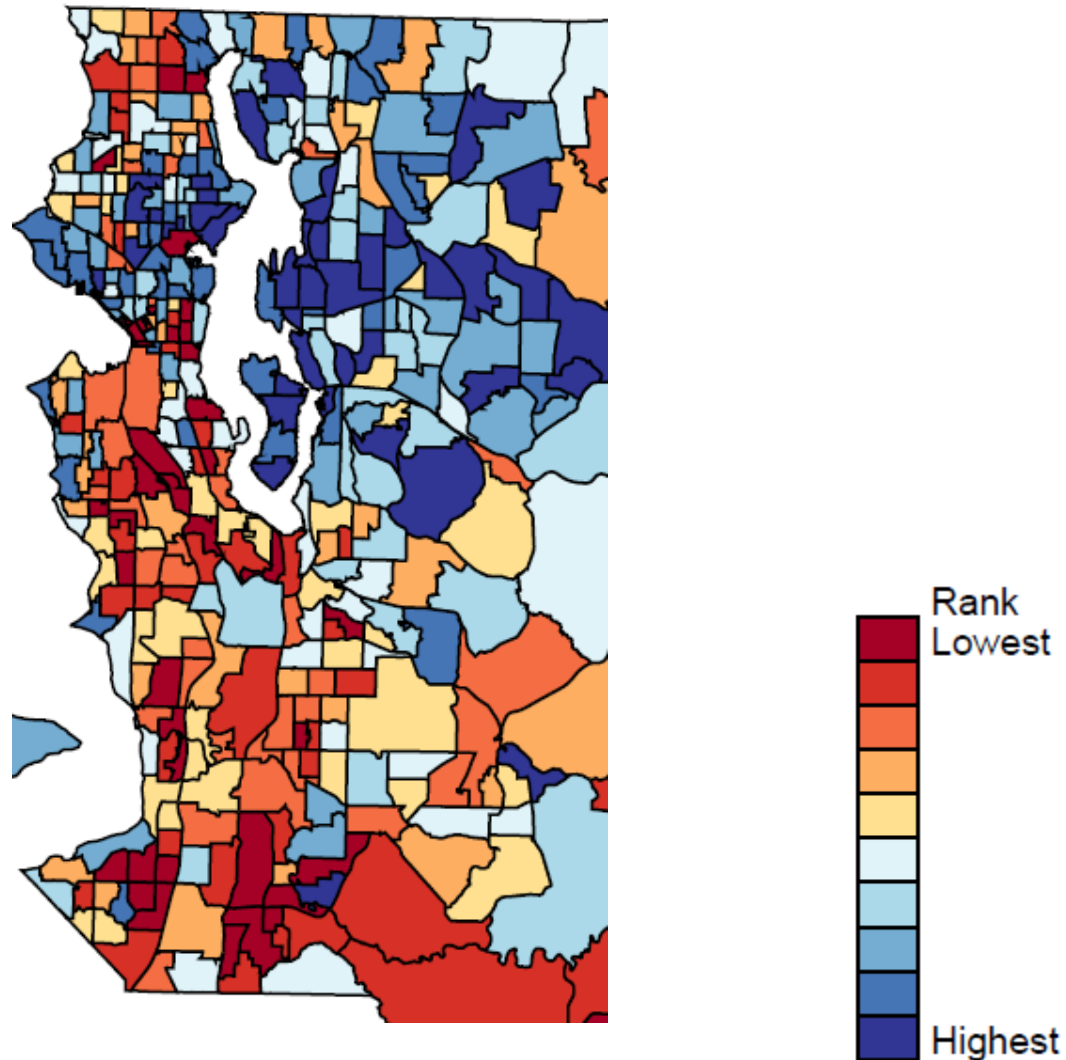
## Life Expectancy



# What determines health?

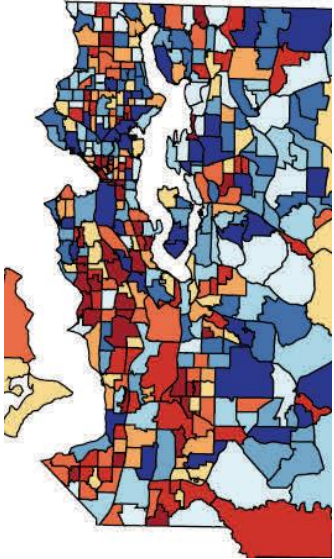


# Life expectancy in King County

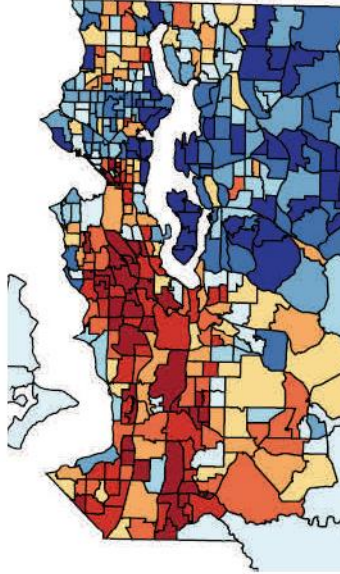




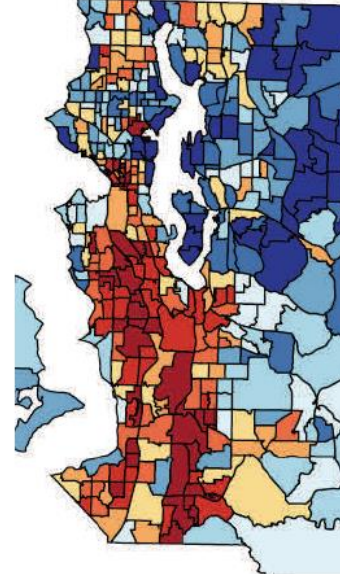
**Poor Housing Conditions**



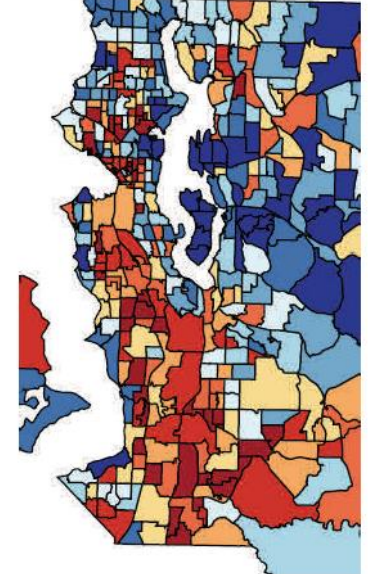
**Tobacco Use**



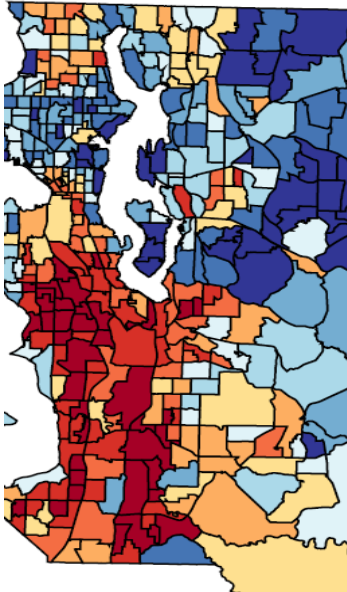
**Frequent Mental Distress**



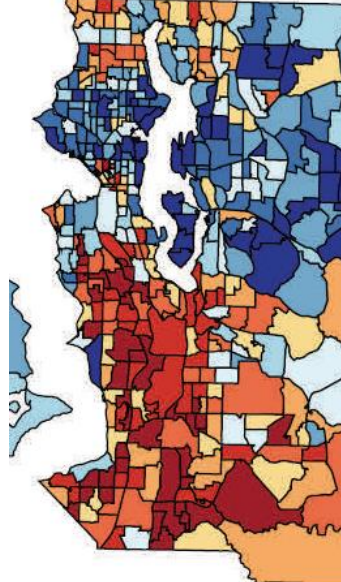
**Adverse Childhood Experiences**



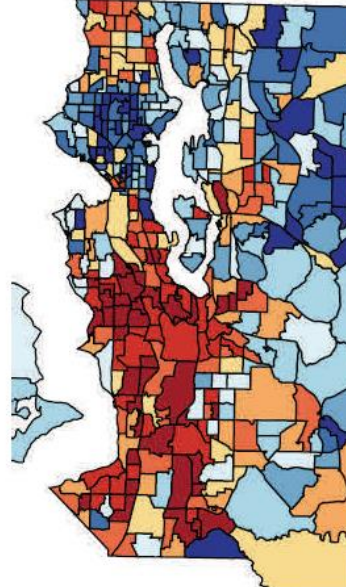
**Lack of Physical Activity**



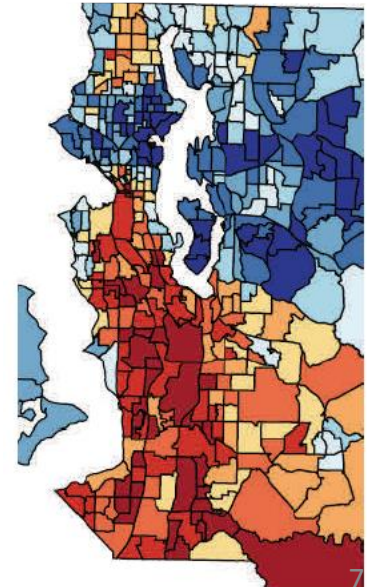
**Obesity**



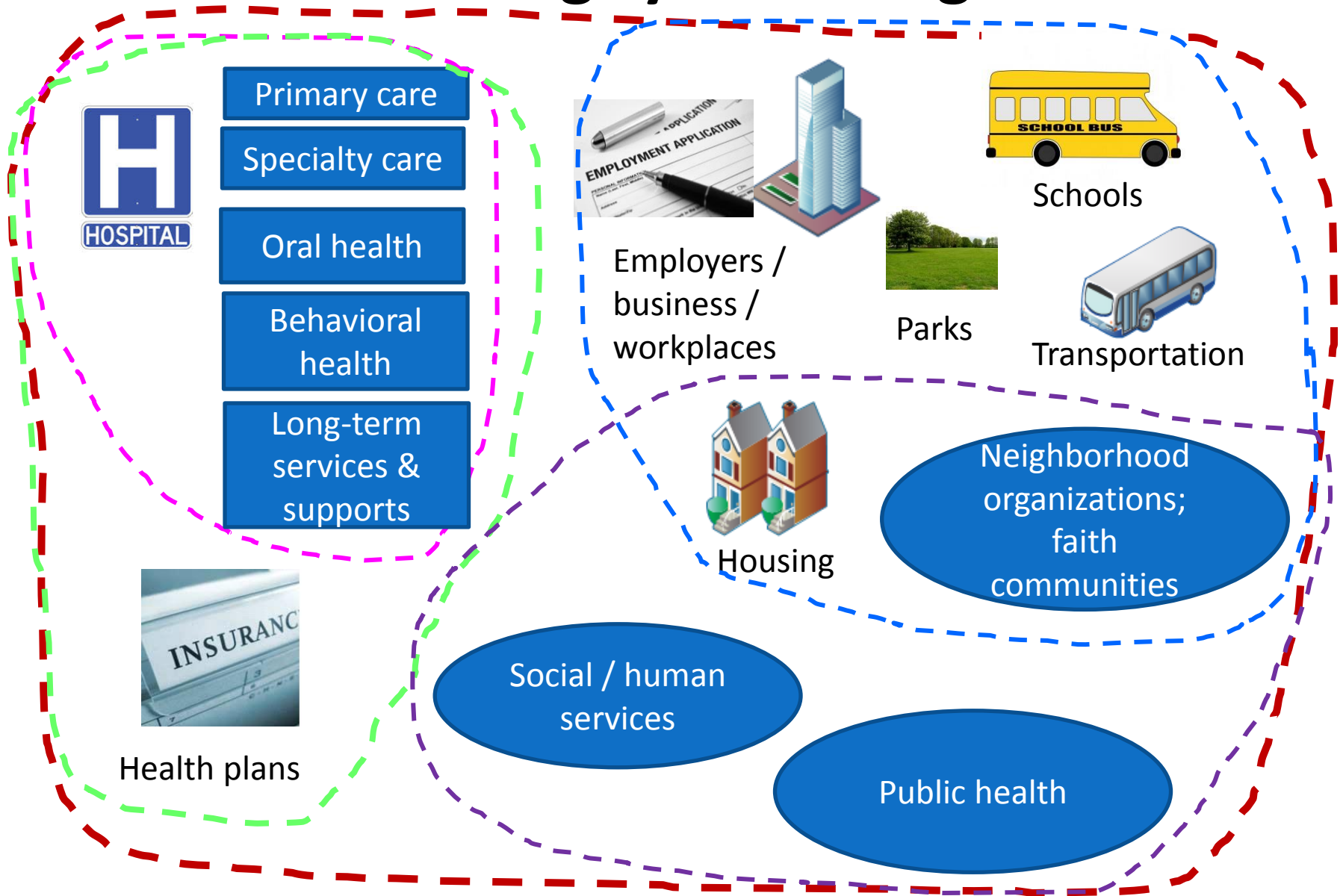
**Diabetes**



**Preventable Hospitalization**

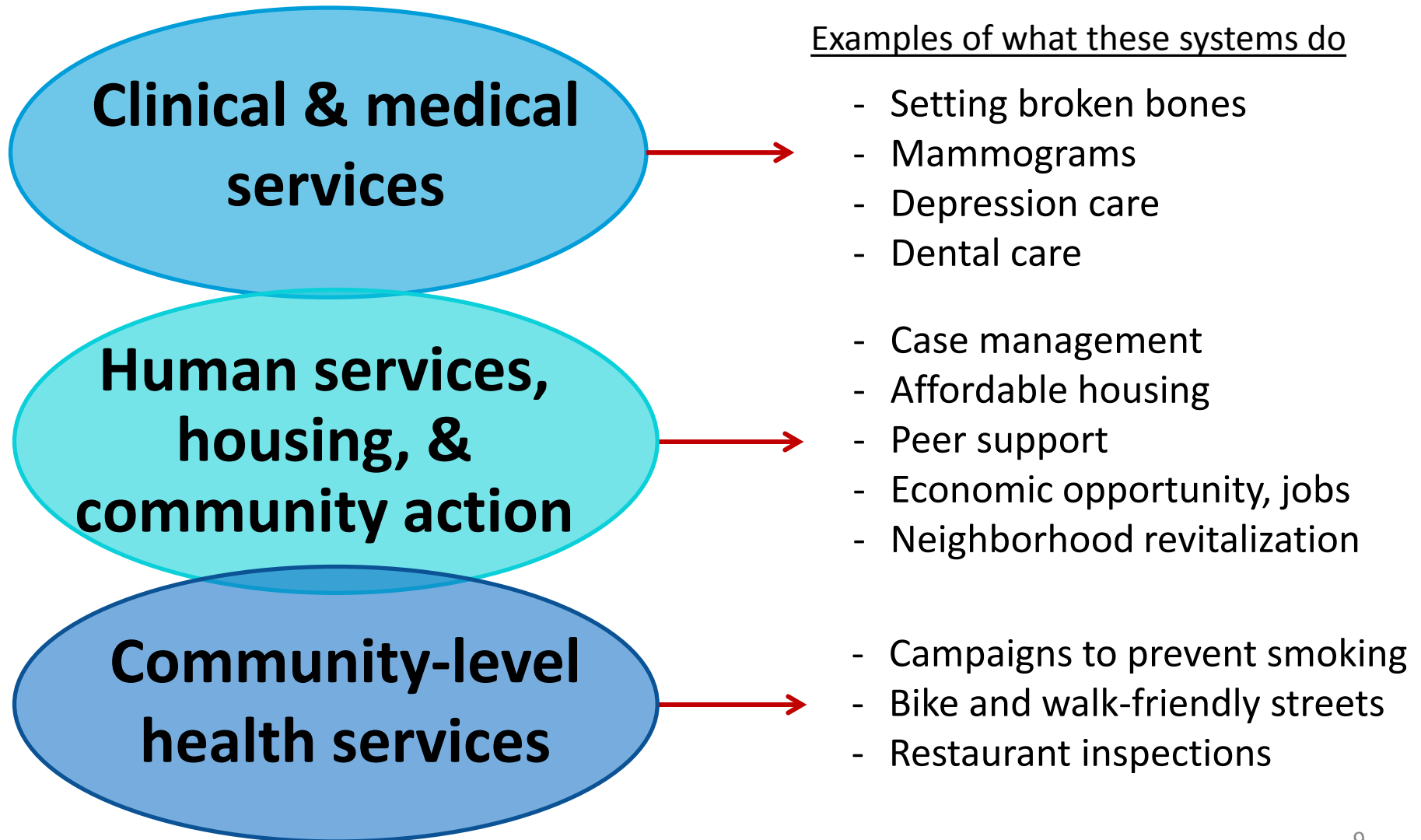


# Rethinking system “edges”

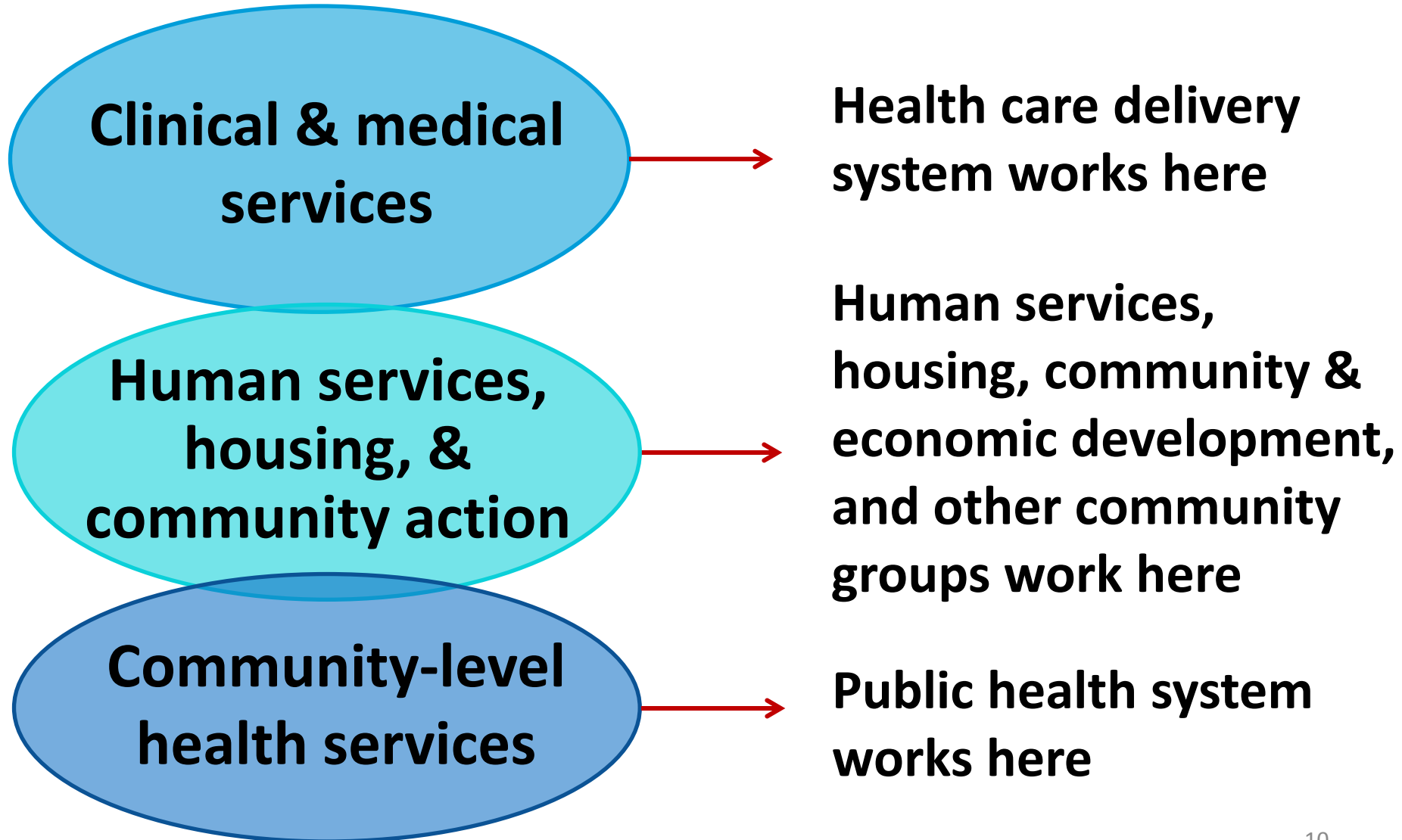




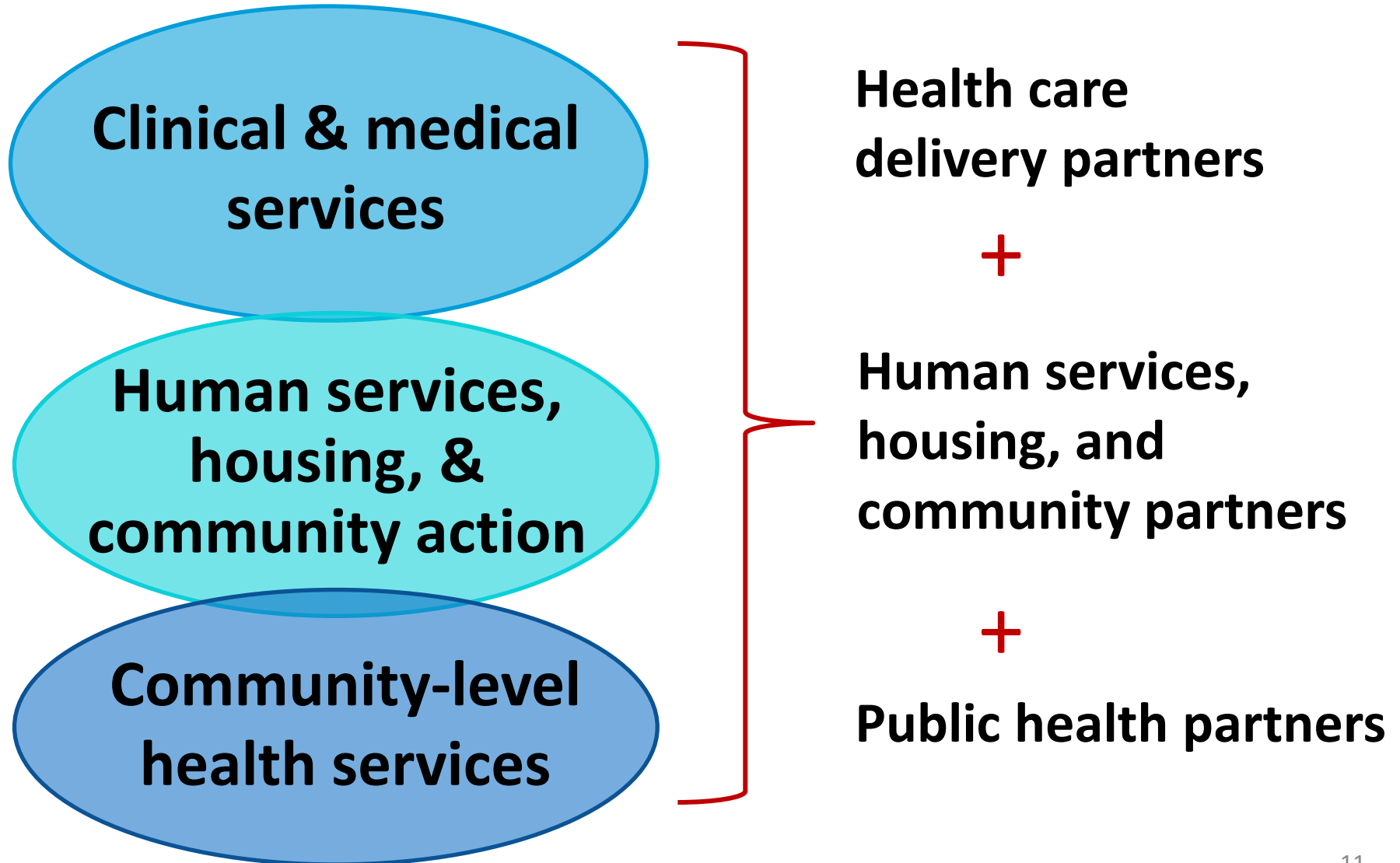
# A continuum of services and policies affect health and well-being



# Current state: many efforts largely siloed



# Future state: efforts largely collaborative



# Better Together:

## A Few Examples of Successful Cross-Sector Collaborations in King County

**Clinical & medical services**

**Human services, housing, & community action**

**Community-level health services**

- When partners came together to get people enrolled in health coverage – **led to drop in uninsured**
- When partners came together to address chronic homelessness – **led to ↑ housing; ↓ jail; ↓ crisis**
- When partners came together to address childhood obesity – **led to 17% decline in participating school districts**



# And they each featured . . .

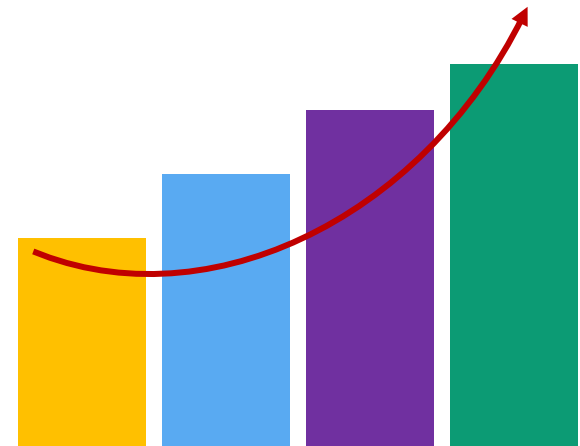


- A complex, burning issue that interested parties couldn't address successfully on their own
- A diverse coalition of participants
- A shared result
- A convener
- Data and information to guide the work
- Lots of communication
- Alignment of many resources

# Can an Accountable Community of Health help us do this even better?

What if the region had . . .

- A structure to support even stronger linkages across the systems that influence the health of King County residents?
- Better access to and use of data to inform interventions, track results, and measure cost savings?
- Help taking high priority improvements to scale?
- A way to better connect local, countywide, and state actions – and to influence state-level actions so they are more responsive to our region's health & human service improvement priorities?

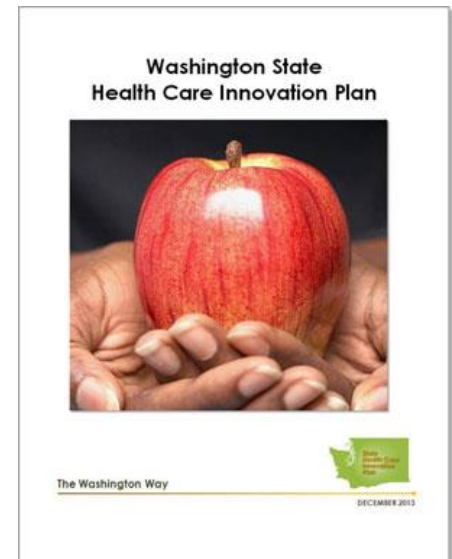


**What is an Accountable  
Community of Health and  
what value will it add?**

**2**

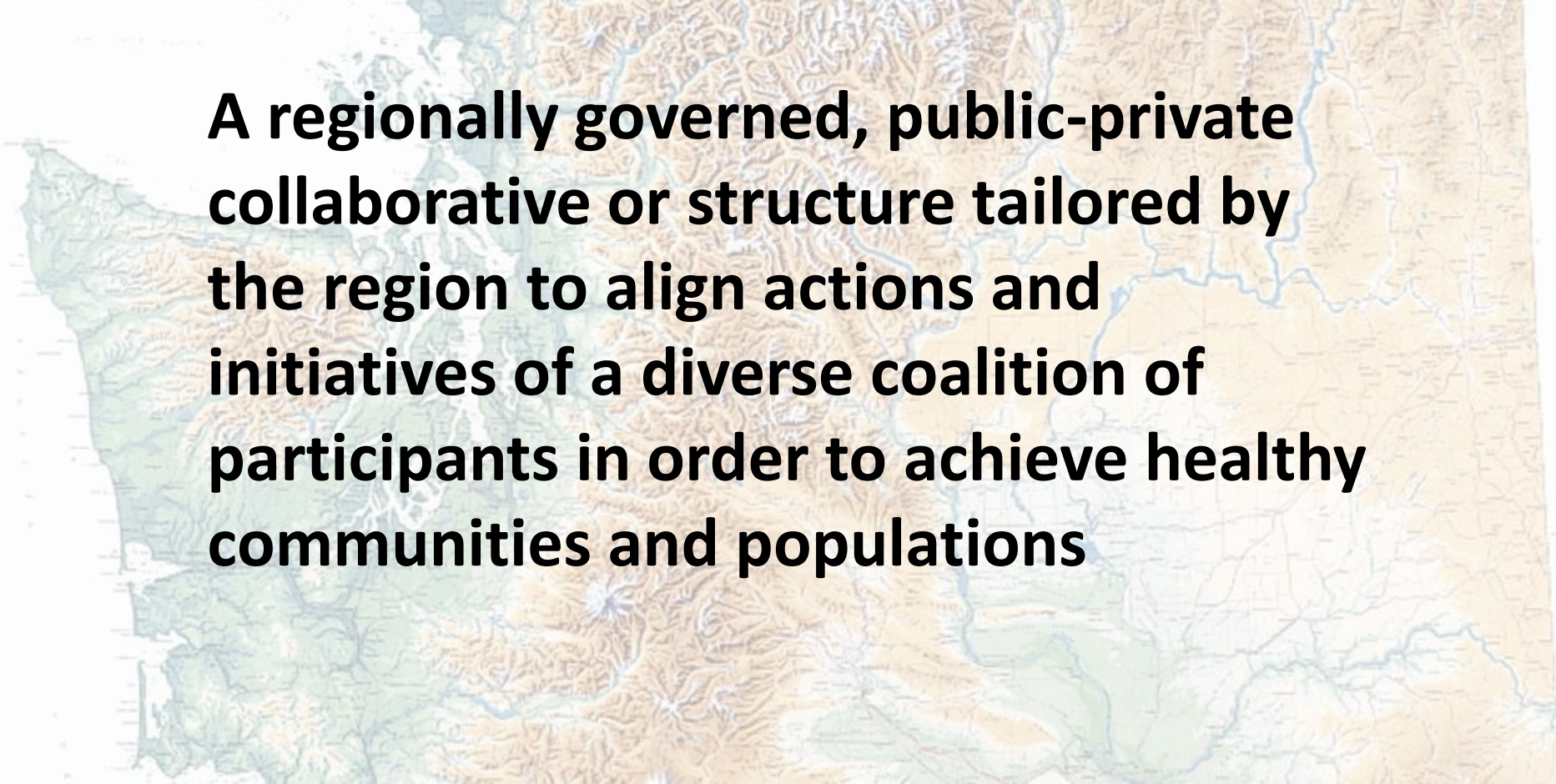
# ACHs are an element of the State Health Care Innovation Plan - “Healthier Washington”

- Three core strategies
  - Improve how we pay for services
  - Ensure health care focuses on the whole person
  - Build healthier communities through a broad, collaborative regional approach
    - *Via Accountable Communities of Health*
- Save \$730 million in 3-5 years



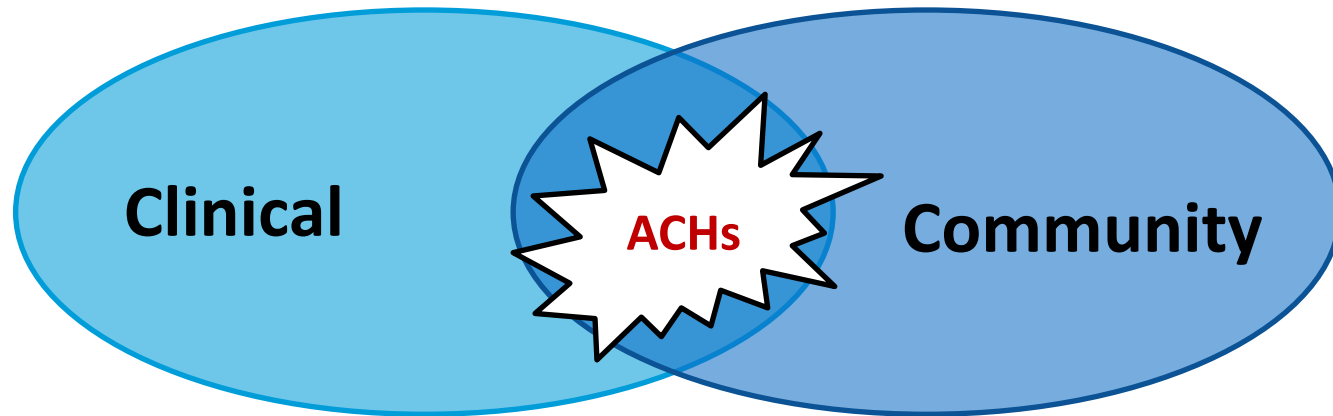


# Accountable Community of Health – defined by Washington State

A topographic map of Washington State, showing the state's outline and internal geographical features like mountains, rivers, and coastlines. The map is oriented with the state's coastline on the left.

**A regionally governed, public-private collaborative or structure tailored by the region to align actions and initiatives of a diverse coalition of participants in order to achieve healthy communities and populations**

# Connecting Clinical and Community Realms More Intentionally



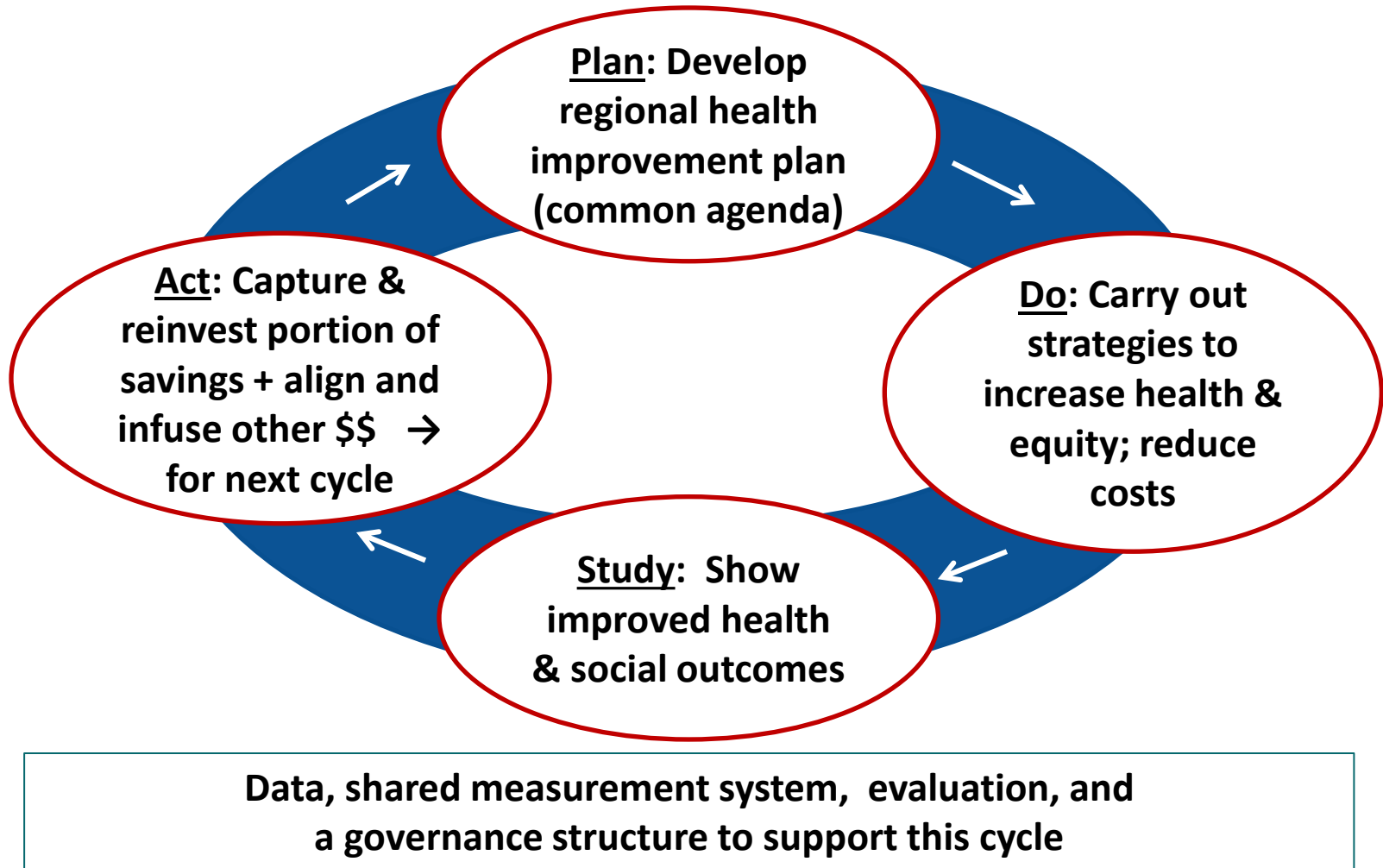
# Core Functions of ACHs

**Serve as a regional forum** for collaborative decision-making across multiple sectors and systems to align actions to achieve healthy communities and populations, improve quality and lower costs.

**Act as an accelerator**, disseminator and collector of regional best practices, lessons learned and shared challenges to drive health systems transformation focusing on population health, social determinants of health, clinical-community linkages and whole person care.

**Collectively impact** health through regional purchasing strategies, starting with Medicaid.

# How an ACH Partnership can drive toward prevention and equity

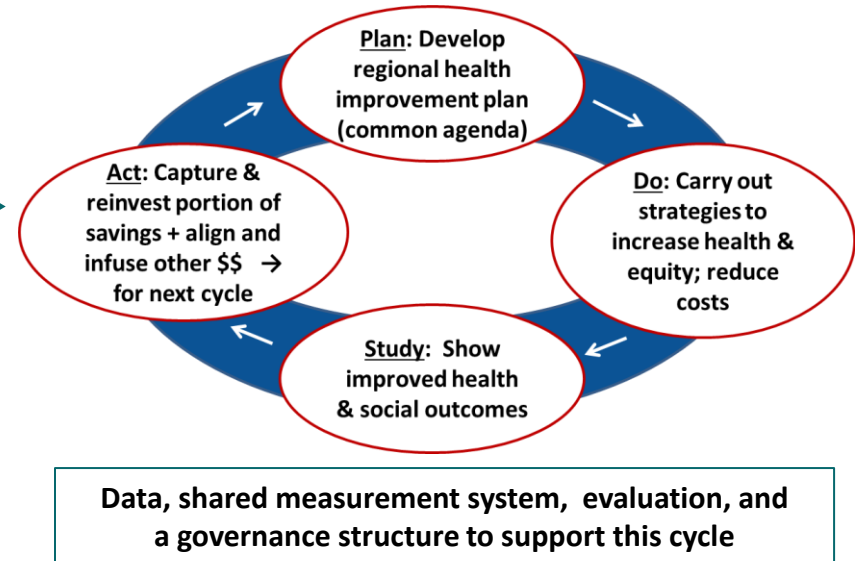




# The work of an ACH partnership: how might it be paid for and become self-sustaining?

Different kinds of fuel (money) could power this engine:

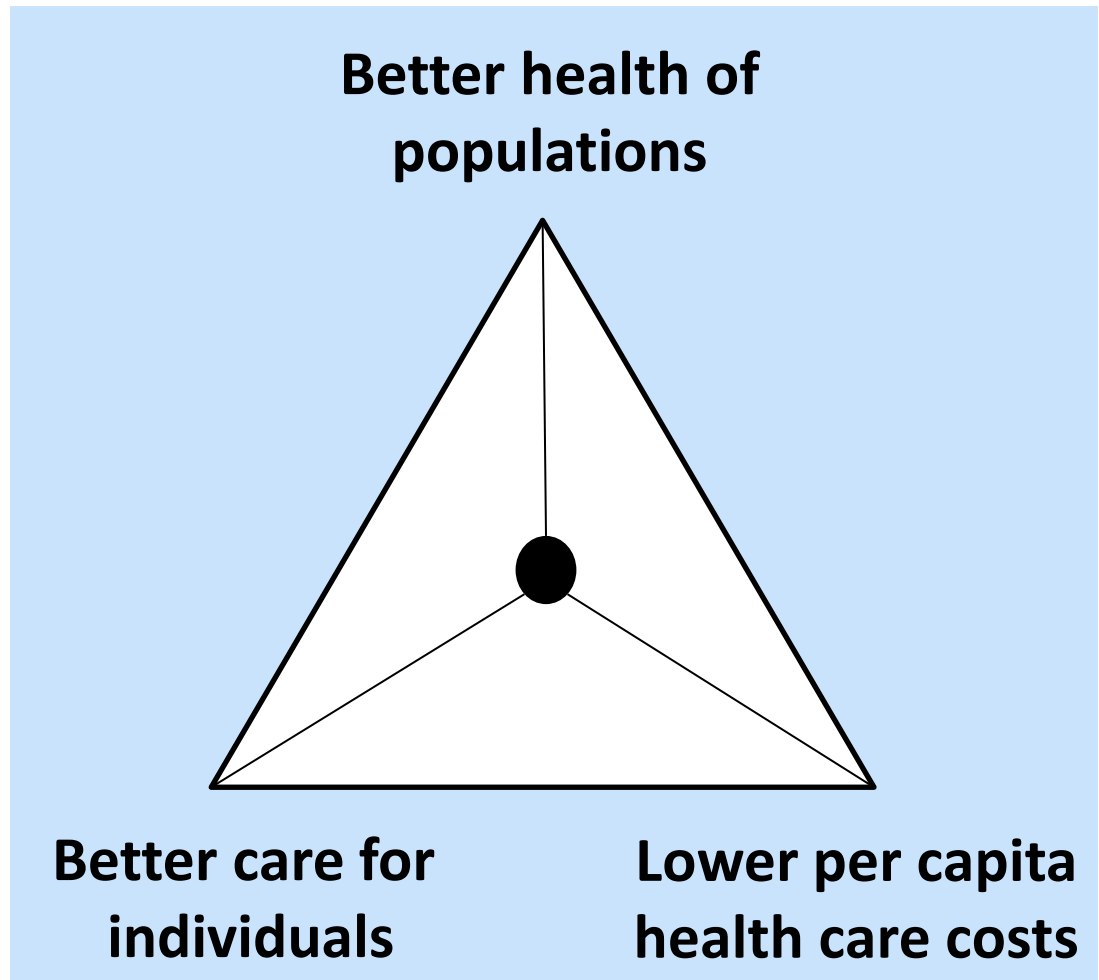
- Shared savings; philanthropy support; hospital community benefit \$; local \$, etc.  
*(Perhaps through a pooled fund that the ACH partnership influences?)*
- Tools such as “pay for success” financed through social impact bonds and/or other resources  
*(ACH could help arrange?)*
- Medicaid – in a way that better supports the regional improvement plan *(By ACH’s influence on Medicaid purchasing strategies -- not by having Medicaid \$ flow through ACH)*
- Other local, state and federal \$ - in ways better aligned with the improvement plan *(Through ACH influence)*



+ SIM Grant & Other Partners: Resources to help design and kick-start this

# To succeed, ACHs need to work in the “Triple Aim” Framework

**System designs  
that  
simultaneously  
improve three  
dimensions**



The IHI Triple Aim framework was developed by the Institute for Healthcare Improvement in Cambridge, Massachusetts ([www.ihl.org](http://www.ihl.org))."

# Benefits of working in line with the Triple Aim

- We'll achieve a **healthier population** due to new designs that better identify problems and solutions further upstream and outside of acute health care.
- **Clients/patients** can expect less complex and much more coordinated care.
- And **reducing the per capita cost of care** will:
  - Give businesses the opportunity to be more competitive
  - Lessen the pressure on publicly funded health care budgets
  - Provide communities with more flexibility to invest in other activities that increase the vitality and well-being of residents

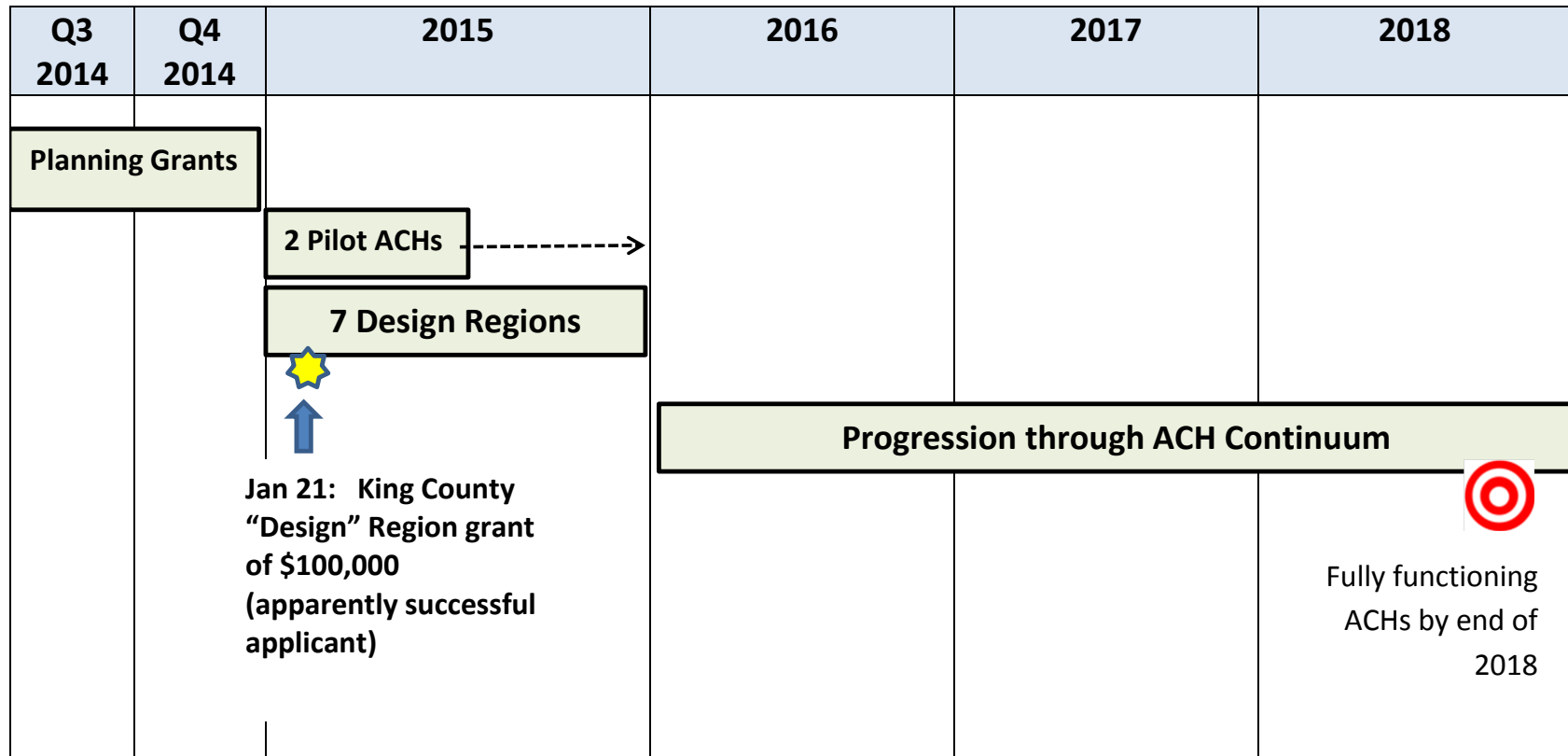


**How is Accountable Community  
of Health development being  
approached statewide and in  
King County?**

**3**



# Washington's Accountable Community of Health Initiative Timeline



# What are the 2015 pilot and design regions?

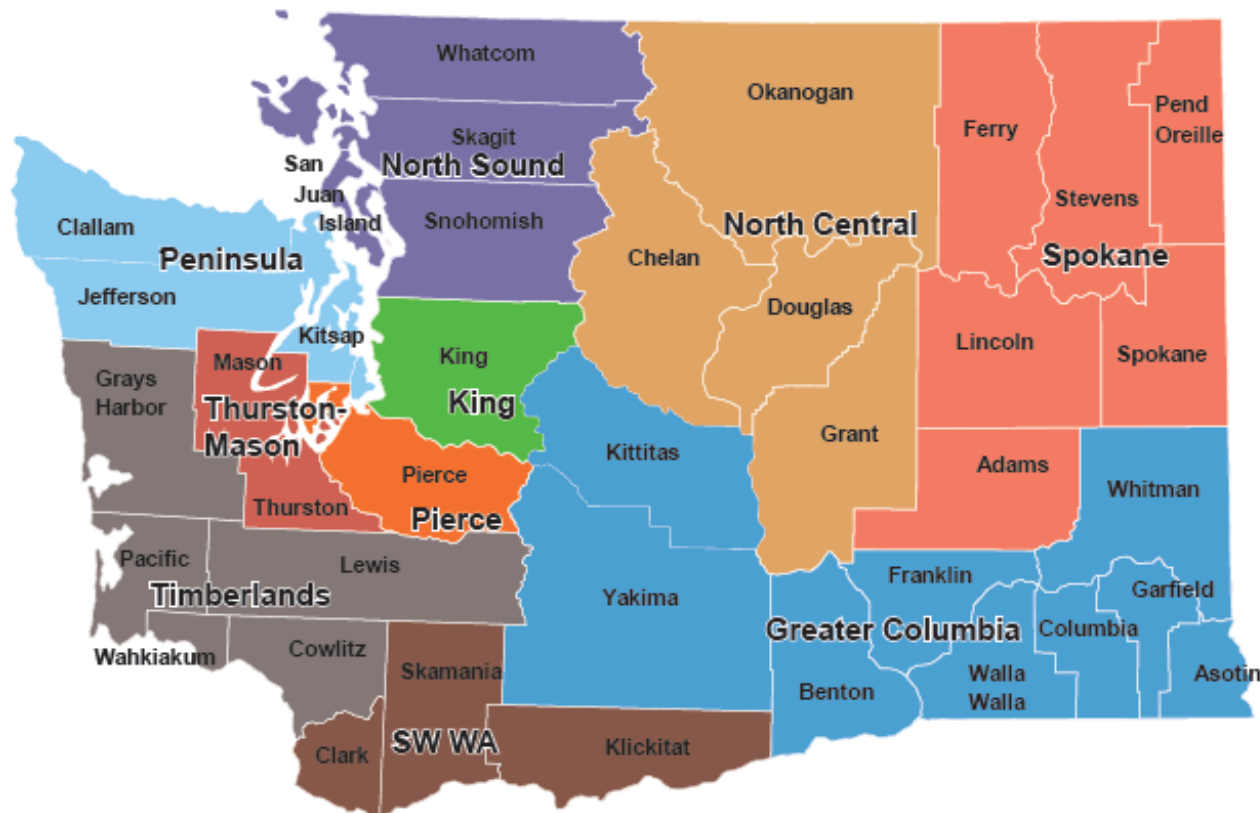
## Pilot Regions (two):

- Will work on “startup initiatives” and show proof of concept
- Two pilots awarded:
  - North Sound ACH (Serving Whatcom, Skagit, Island, San Juan and Snohomish)
  - Cascade Pacific Action Alliance (Serving Clallam, Cowlitz, Grays Harbor, Jefferson, Kitsap, Lewis, Mason, Pacific, Thurston and Wahkiakum counties)

## Design Regions (everyplace else)

- Will focus on engagement and governance design

# ACHs and alignment with new Regional Service Areas (RSA) for Medicaid purchasing



**RSAs will be aligned with ACHs (One ACH per RSA).**

**As a single county region, King County RSA and ACH are already aligned.**

# King County ACH planning approach

## **Grounded in King County Health and Human Services**

**Transformation Plan Vision:** By 2020, the people of King County will experience significant gains in health and well-being because our community worked collectively to make the shift from a costly, crisis-oriented response to health and social problems, to one that focuses on prevention, embraces recovery, and eliminates disparities.



# Initial Planning: July-Dec 2014

## Consulting support: Cedar River Group and Watanabe Consultation

- 70+ key informant interviews
- Community engagement team discussions
- Stakeholder e-mail list of 700 people

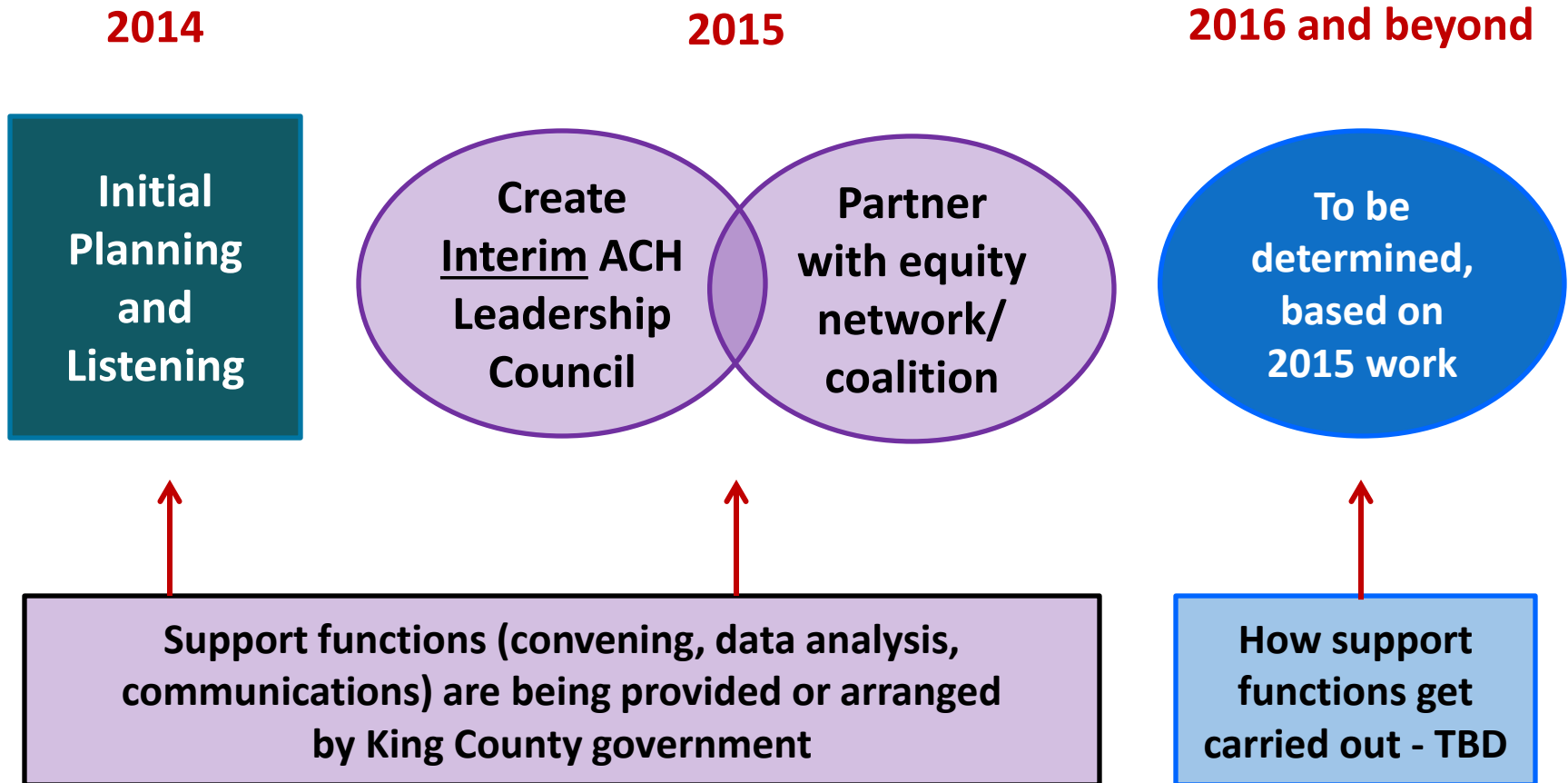
## Takeaways:

- Take a phased approach to developing governance structure
- Form should follow function
- A small interim ACH council should be created in 2015, and begin to test out roles and future ACH design by interacting with a set of current priority initiatives
- Engage underrepresented communities in way that shares power in ACH design going forward

**2015**



# For King County Region, a phased approach to ACH development





*Partner With Four  
Initiatives Underway*

**Communities of  
Opportunity**

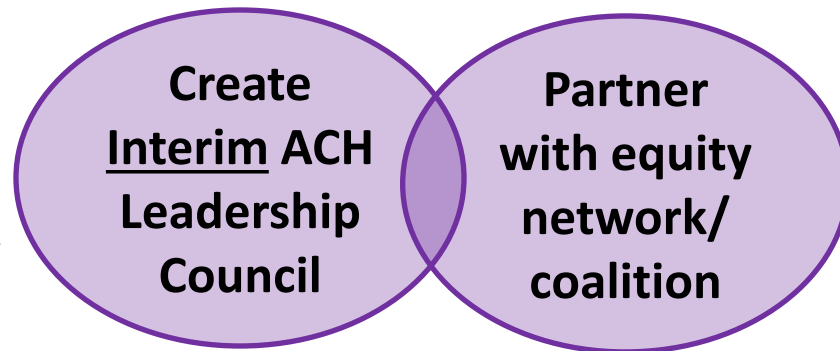
**Housing-health  
partnership**

**Physical/  
Behavioral  
Health  
Integration**

**Familiar Faces  
(jail high users)**

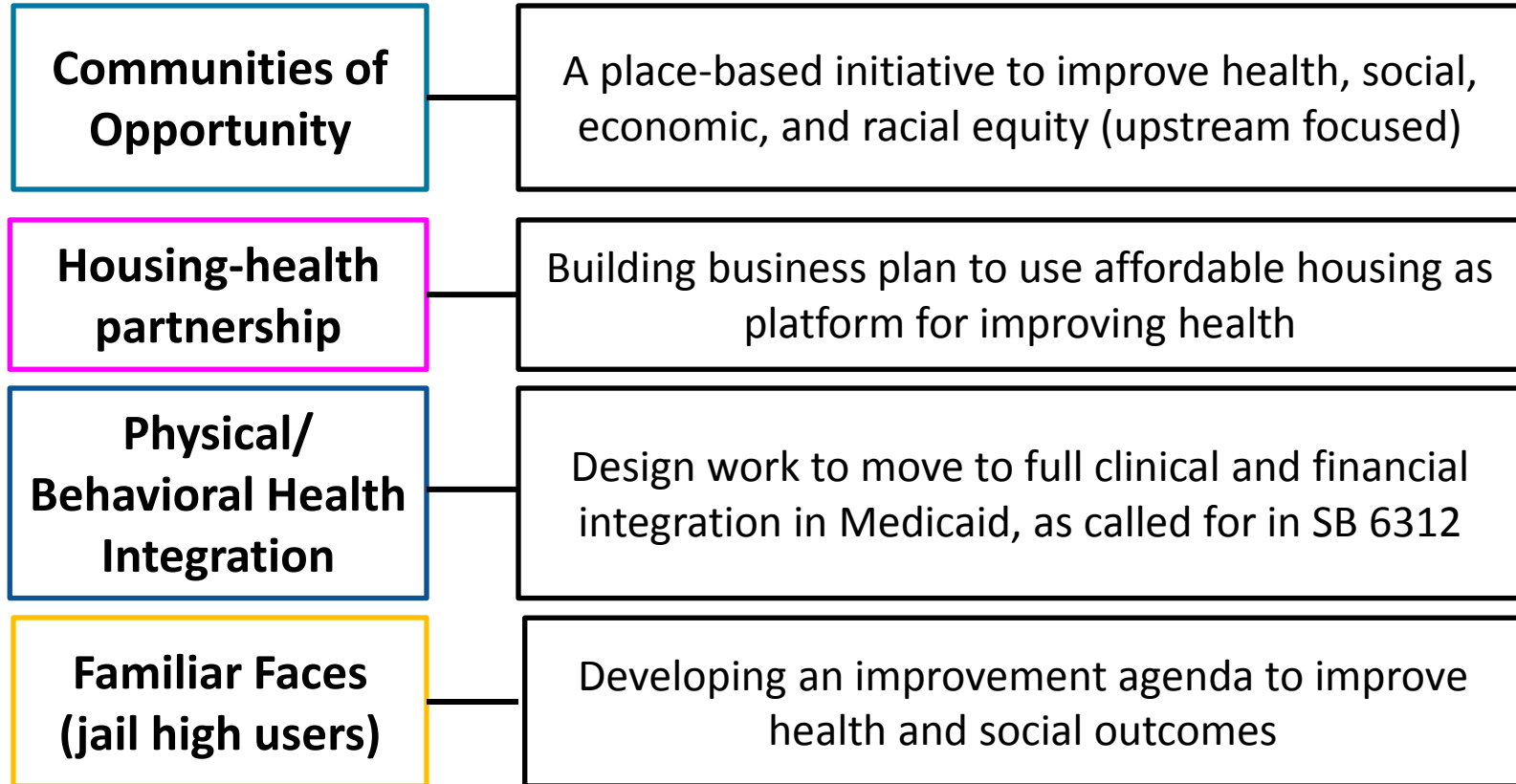
  
*Learn / support / test*

# The Plan for 2015



Work groups for cross-cutting issues		
Approach for meeting data, information, and evaluation needs	Approach for a future regional health improvement plan	Approach for future sustainability

## Partner with a “federation” of four current initiatives in 2015 to inform future ACH design



# Partnership with an equity network:

## Putting the “community” into the ACH’s public-private partnership

**Interim  
ACH  
Leadership  
Council**

**Network reps**



**Community  
“Public  
Shareholders”**



**Public Sector  
Reps**



**Private Sector  
Reps**



**Equity network/  
coalition**

# Roles of Interim ACH Leadership Council

- Develop partnership with an equity network
  - Charge a subcommittee to develop pathway to full physical/behavioral health integration for Medicaid clients
  - Use the experience of the 4 initiatives of focus to inform:
    - Future governance model
    - Approach to a future regional health improvement plan
    - How data and shared measurement needs will be met
    - Sustainability mechanisms
  - Provide input/recommendations to state/county on various issues throughout the year
  - Produce and endorse an “ACH Readiness Proposal” for submission to Health Care Authority in late 2015
-

# Major deliverables for 2015 design phase

Element	When?
Interim ACH Leadership Council established	March 2015
Physical/behavioral health integration subcommittee established	March 2015
Charter of ACH Council	April 2015
Charter of behavioral health integration subcommittee	April 2015
Data work group completes proposal	Third quarter
Assessment work group completes proposal for future regional health improvement plan	Third quarter
Sustainability mechanisms document	Third quarter
Governance model proposal	Third quarter
Core elements for physical /behavioral health integration + implementation milestones	December 31, 2015
ACH Readiness Proposal	December 31, 2015

# Budget request included in design grant application to Health Care Authority

Facilitation & technical expertise	14,000.00
Equity network-related support and participation	14,000.00
Project staff to support work of the Interim ACH Council (via Public Health-Seattle & King County)	48,674.88
Travel	1,000.00
Event expenses	2,310.59
Indirect	11,110.13
Total	\$100,000.00

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**PLUS: Leveraged in-kind resources and activities from various partners**

**How can I stay informed or  
get involved?**

**4**



# For more information and to learn about future opportunities for involvement

To join King County ACH stakeholder list – write to:  
[hhstransformation@kingcounty.gov](mailto:hhstransformation@kingcounty.gov)

King County ACH Website:  
<http://www.kingcounty.gov/exec/HHStransformation/ach.aspx>

Contact person:  
Janna Wilson, Public Health-Seattle & King County  
[janna.wilson@kingcounty.gov](mailto:janna.wilson@kingcounty.gov)

# State resources

## **Healthier Washington**

Email: [healthierwa@hca.wa.gov](mailto:healthierwa@hca.wa.gov)

Web: [www.hca.wa.gov/hw](http://www.hca.wa.gov/hw)

## **ACHs – Washington State contact**

Email: [chase.napier@hca.wa.gov](mailto:chase.napier@hca.wa.gov)

Web:

[http://www.hca.wa.gov/hw/Pages/communities\\_of\\_health.aspx](http://www.hca.wa.gov/hw/Pages/communities_of_health.aspx)

## **Integrating Behavioral and Physical Health Purchasing**

Email: [EarlyAdopterQuestion@hca.wa.gov](mailto:EarlyAdopterQuestion@hca.wa.gov)

Web:

[http://www.hca.wa.gov/hw/Pages/integrated\\_purchasing.aspx](http://www.hca.wa.gov/hw/Pages/integrated_purchasing.aspx)